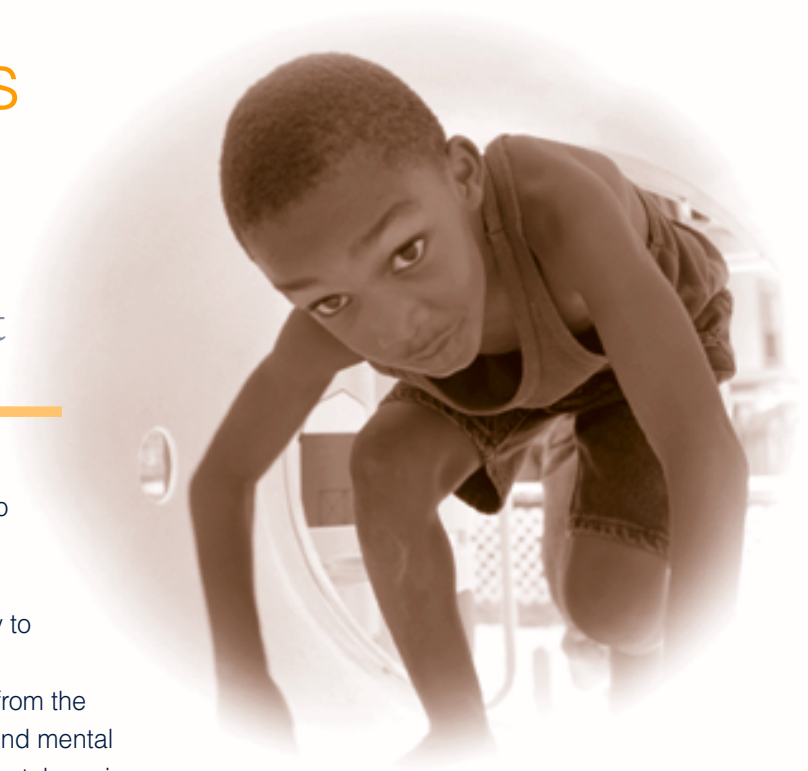


Achieving Results Safety

Goal: Children will be safe from abuse and neglect



Foster parent Trisha, a newcomer to the world of foster care, demonstrated her resolve to protect and provide for children in state care through her ability to work with a troubled little boy.

The youngster had been removed from the home of his mother because her profound mental illness rendered her incapable of adequately caring for her son.

Terrell was seven years old when he was removed from an extremely unsafe and unsanitary home. He had a variety of untreated injuries and health problems and was severely malnourished.

Terrell's mother, Pam, had been admitted to the hospital due to a psychotic break. Pam was convinced that the world was ending and unintentionally injured her son while performing an act that she believed was purifying him and preparing him for the afterlife. Pam had repeatedly told Terrell that he would be "chosen".

Terrell was taken to the local Emergency Room so that his injuries and illnesses could be treated. He had been so impacted by his mother's delusions that he was convinced that people trying to help him, were devils. He responded violently and staff considered whether he might need to be restrained for his own safety.

Social workers contacted Trisha who came to the hospital and did an exceptional job of helping Terrell to calm himself. Terrell seemed to know, as he left the hospital that he would not see his mother again and he became hysterical, fleeing from the foster mother and social worker. Again, Trisha was able to keep up with Terrell, holding him and comforting him as he wrestled with the painful truth confronting him.

That first night, Terrell attempted to "escape" from the foster home, Trisha found him and brought him back again. She got little sleep that night as she made every safe and reasonable effort to prevent Terrell from fleeing again, a selfless act that speaks to her commitment to providing for a child's safety without causing further trauma.

Terrell's scars run deep and it will likely be a long time before he feels completely safe and secure in any surrounding. Trisha has remained calm throughout very trying times and has encouraged Terrell to visit with extended family members. Trisha, Social Workers and other key people in Terrell's life are all making plans for a little boy whose future may have otherwise shown little promise.

Every person within a community has a moral, ethical and often legal responsibility to ensure the safety of the children within that community. It is the caring and conscientiousness of friends, neighbors, family members and who alert the Children's Administration to the plight of children who may be in harm's way.

Referrals made to CPS are *allegations* of abuse or neglect. Every report of suspected abuse or neglect is assessed to determine whether or not it meets the legal definition of abuse.

If a referral does meet legal criteria, the level of severity is assessed and a prescribed "response time" is followed. Those allegations determined to be at "high" or "moderate" risk require a face-to-face social worker visit within 10 days of the report. Children who are determined to be in "imminent danger" of harm must be seen by a social worker within 24 hours.

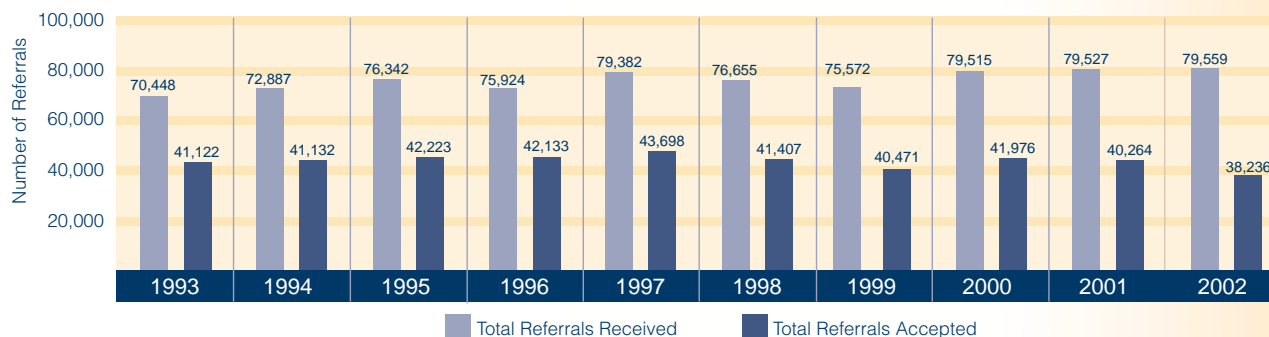
In Calendar Year 2003, concerned community members initiated nearly 79,000 referrals to DSHS alleging the abuse or neglect of a child or group of children. Of those allegations, over 38,200 met the legal definition of abuse or neglect. The rate of accepted referrals showed a notable decrease over previous year and while the causative factors are not certain, the decrease may be attributed to enhanced training and more thorough screening of CPS referrals.

More than 4,200 families who were referred but whose children were assessed as being at "low risk of harm" were redirected to the Alternative Response System (ARS). ARS is a statewide service provided by contracted agencies to low-risk families in the least intrusive manner to improve family stability, prevent re-referrals to CPS for abuse and neglect, and improve the safety of children. The service is time-limited and voluntary.

The measures reported in this section document the frequency of repeated harm to children and track the administration's efforts to reduce or prevent the recurrence of child maltreatment.

Although most data presented in this report is based on the fiscal year, some safety measures are based on a calendar year breakout in order to show the historical trend.

Child Protective Services Referrals*



* Based upon calendar year rather than fiscal year calculations. Centralized Intake was implemented in December 2002 and did not impact the number of accepted referrals in calendar year 2002.

Safety

The DSHS Kids Come First Action Agenda provides a framework for CPS intervention

Principles of Child Protective Services*

"A child has the right to live in a safe, supportive, and permanent home. When those responsible for the well-being of a child cannot bring about such a living condition independently, Child Protective Services (CPS) must step in to assure that the child is safe and protected.

We have the secondary goal of maintaining the child in the child's home, whenever possible, if this goal is not in conflict with the safety of the child.

Preservation of the family and a permanent home are very important to the well-being of the child and should be held as goals of the child protection effort. However, when interests compete, the endangered child is the primary person CPS is charged to serve.

We need to be aware of and sensitive to parental concerns about interference, community concerns about cultural and society norms, and professionals' concerns about permanence. These concerns serve to help our decision-making regarding the well-being of the child, but must not prevent action needed to protect a child."

* Excerpted from Kids Come First Action Agenda. More information is available on the DSHS Website, <http://www.dshs.wa.gov/geninfo/kidsfirst.htm>

Safety Overview

- Referrals to CPS peaked in 1997 and have decreased slightly since then.
- Although the numbers of referrals of most allegation types have remained relatively stable, neglect, as a category, has steadily increased.
- Over 45,000 child victims were identified in the more than 37,000 child abuse and neglect referrals that were accepted for DCFS investigation in FY 2003.
- The Alternative Response System received referrals to provide services to more than 4,200 low risk cases through contracted providers, continuum of care and other early intervention services in FY 2003.

Safety objectives presented in this report include:

- Initiate timely investigations
- Reduce chronic maltreatment
- Reduce recurrence of maltreatment
- Improve safety when returning children to their homes
- Increase safety for children placed in out-of-home care

Three measures are currently used to monitor safety objectives and track the percent of children or families that are repeatedly involved with CPS:

- Families chronically referred to CPS
- Children who are re-abused (child recurrence)
- Children who are placed in out-of-home care due to abuse or neglect, returned home, and must be placed again

Four additional measures are used to monitor progress in meeting the safety needs of children:

- Children seen face-to-face by a social worker following a referral
- Children who are abused or neglected in licensed care
- Children's cases staffed with community Child Protection Teams
- Foster homes receiving an annual health and safety check

Defining Abuse and Neglect

What is the legal definition of child abuse and neglect?

Washington State law defines child abuse or neglect by a parent or caregiver (does not include investigation of third-party abuse*) as follows:

"Child abuse or neglect shall mean the injury, sexual abuse, or negligent treatment or maltreatment of a child by any person under circumstances which indicate that the child's health, welfare and safety is harmed thereby." (RCW 26.44.020)

What are the types of abuse and neglect?

According to Washington Administrative Code (WAC 388-15-009) the following information provides comprehensive definitions and descriptions of what constitutes child abuse and neglect.

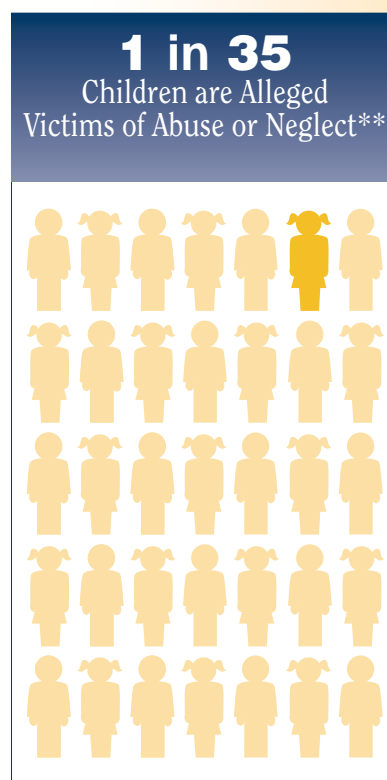
Physical Abuse: Physical abuse means the non-accidental infliction of physical injury or physical mistreatment on a child. Physical abuse includes, but is not limited to, such actions as:

- (a) Throwing, kicking, burning or cutting a child;
- (b) Striking a child with a closed fist;
- (c) Shaking a child under age three;
- (d) Interfering with a child's breathing;
- (e) Threatening a child with a deadly weapon.

Sexual Abuse: Sexual abuse means committing or allowing to be committed any sexual offense against a child as defined in the criminal code. The intentional touching, either directly or through clothing, of the sexual or other intimate parts of a child or allowing, permitting, compelling, encouraging, aiding, or otherwise causing a child to engage in touching the sexual or other intimate parts of another for the purpose of gratifying the sexual desire of the person touching the child, the child, or a third party.

Sexual Exploitation: Includes, but is not limited to, such actions as allowing, permitting, compelling, encouraging, aiding, or otherwise causing a child to engage in:

- (a) Prostitution;
- (b) Sexually explicit, obscene or pornographic activity to be photographed, filmed or electronically reproduced or transmitted; or
- (c) Sexually explicit, obscene or pornographic activity as part of a live performance, or for the benefit or sexual gratification of another person.



* Third party abuse involves the abuse of a child by someone other than that child's parent or guardian

** Based upon total number of referrals and total child population of Washington state from the 2000 Census

Safety

Do you know?

4. Which type of abuse has steadily risen since 1993?
5. What are some of the characteristics of Negligent Treatment?
6. In what period of time must a DCFS Social Worker make face-to-face contact with a child in a referral indicating "imminent harm"?

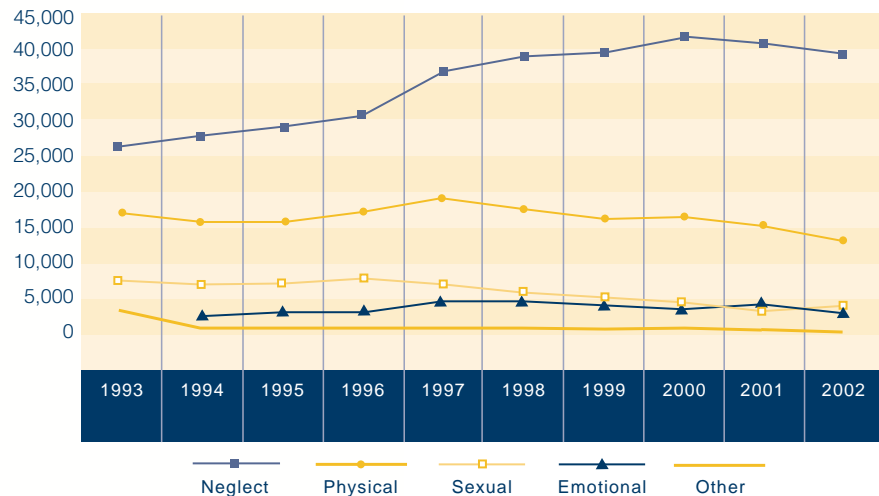
Answers may be found on page 58 of this report.

Defining Abuse and Neglect Continued

Negligent Treatment: Negligent treatment or maltreatment means an act or failure on the part of the child's parent, legal custodian, guardian or caregiver that shows a serious disregard of the consequences to a child of such magnitude that it creates a clear and present danger to the child's health, welfare, and safety. A child does not have to suffer actual damage or physical or emotional harm to be in circumstances which create a clear and present danger to the child's health, welfare and safety. Negligent treatment or maltreatment includes, but is not limited to:

- (a) Failure to provide food, shelter, clothing, supervision, or health care necessary for a child's health, welfare and safety;
- (b) Actions, failures to act, or omissions that result in injury to or which create a substantial risk of injury to the physical, emotional, and/or cognitive development of a child;
- (c) The cumulative effects of consistent inaction or behavior by a parent or guardian in providing for the physical, emotional and developmental needs of a child, or the effects of chronic failure on the part of the parent or guardian to perform basic parental functions, obligations, and duties, when the result is to cause injury or create a substantial risk of injury to the physical, emotional, and/or cognitive development of the child.

**Alleged CPS Victims in Accepted Referrals
by Type of Abuse 1993-2002***



* Source: CAMIS-Each victim may be reported for more than one type of abuse or neglect. "Other" includes prenatal neglect, mental injury, exploitation, abandonment and death (prior to 1994, "other" also included emotional abuse.) Based upon calendar year rather than fiscal year calculations.

Abandonment: A parent or guardian abandons a child when the parent or guardian is responsible for the care, education or support of a child and:

- (a) Deserts a child with intent to abandon the child;
- (b) Leaves a child without the means or ability to obtain food, water, shelter, hygiene, medical care;
- (c) Forgoes for an extended period of time, parental duties and obligations.

Objective: Initiate timely investigations

Measured by: Children seen face-to-face by a social worker following a referral

Division of Children and Family Services (DCFS)- Child Protective Services (CPS)

Whenever the telephone of a CPS intake worker rings, the person responsible for answering that call must make certain determinations regarding child safety based upon the information provided by the caller and criteria established by law.

Referrals in which children are determined to be at moderate or high risk of harm are accepted for investigation by CPS staff.

A social worker must initiate an investigation of any referral that indicates a child or group of children meets the legal criteria of being in "Imminent risk" of harm within 24 hours of receipt of that referral. Child Protective Workers must make face-to-face contact with each child in an accepted moderate or high risk referral within ten working days of the referral date.

In Fiscal Year 2003, over 85 percent of the children requiring a ten-day social worker contact received such a contact. There are cases in which such contact cannot be made due to lack of information provided by the referent, inability to locate the child or law enforcement involvement.

Division of Licensed Resources (DLR) - Child Abuse and Neglect Section

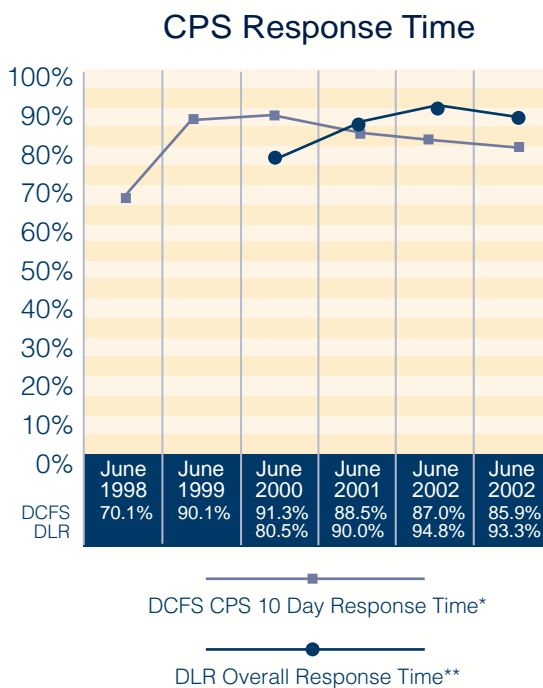
The Division of Licensed Resources is responsible for responding to any allegations of abuse or neglect regarding children in state licensed or regulated care.

Like DCFS, DLR must adhere to the 24 hour or ten-day time periods in which investigations must be conducted based upon specified criteria.

In Fiscal Year 2003, Division of Licensed Resources social workers made face-to-face contact with children in accepted referrals more than 90 percent of the time.



A school counselor observed swelling and bruising below an eight-year-old girl's eyes. The girl disclosed that her stepmother became angry because the child was late for the school bus. The mother yelled at the girl, slapped her across the face, and punched her twice in the back leaving visible fist marks. When the stepmother apologized, the girl responded by saying, "I forgive you." CPS investigated the allegation that same day and immediately implemented a plan to help the family. The stepmother has acknowledged the abuse, taken full advantage of community supports and there have been no additional concerns about abuse.



* Handcount of the percent of DCFS CPS referrals received during a quarter that required and received face-to-face contact by a social worker within ten days.

** Handcount of the percent of DLR CPS referrals received during a quarter that required and received face-to-face contact by a social worker within 24 hours or ten days. (Tracking began in 2000)

Safety

Objective: Reduce chronic maltreatment

Measured by: Families chronically referred to CPS

The Children's Administration strives to ensure that any child who comes to the attention of the administration due to abuse or neglect is not re-abused at the hands of a caregiver. Any family who is the recipient of multiple referrals becomes the subject of increased concern by CPS.

CA has developed a measure designed to track families who have been referred to CPS multiple times regardless of any findings of abuse or neglect. Intake social workers consider the referral history of families when making a determination about whether or not to screen in a new referral for investigation. This review of referral history and resultant CPS response serves as a means of trying to prevent children who have been previously abused from incurring additional abuse and to assist families with children who may be at risk of abuse or neglect.

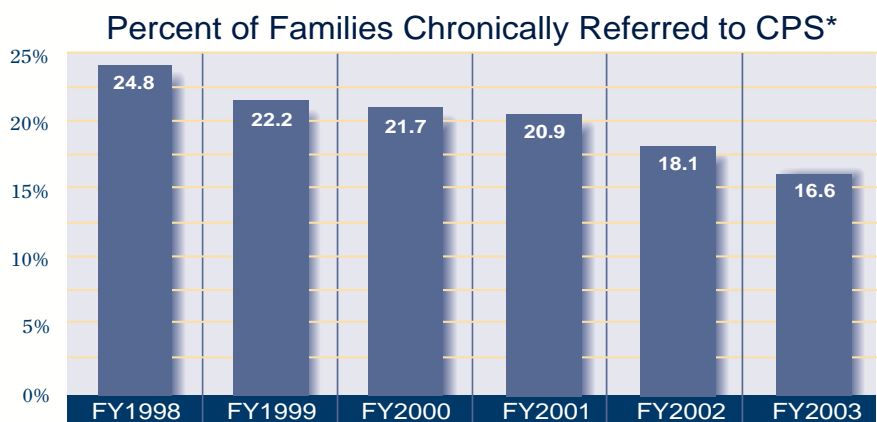
The measure for chronically referring families was developed as part of the *Kids Come First Action Agenda*.

The administration defines families that are chronically referring as those for whom one or more of the following criteria are met.

- Three referrals in the prior year
- Four referrals in the prior two years
- Five referrals in the prior three years
- Two or more allegations of sexual or physical abuse in the past two to six CPS referrals
- Two or more founded allegations in the past two to six CPS referrals
- Risk ratings of moderately high or high risk in the past two to six CPS referrals for young, vulnerable or developmentally disabled children whose caretaker has a childhood history of child abuse or neglect
- Biological mother under 21 years of age at the time of her first referral as the parent
- Primary caregiver rated at moderately high or high risk due to caregiver impairments for families referred two or more times to CPS

Washington state has witnessed a significant decrease in the number of families meeting chronic referral screening criteria since tracking of this measure began in 1998.

* Percent of families with accepted CPS or ARS referrals during a given period that are referred and investigated and meet the criteria established in the Kids Come First Chronic Family Screener. Referrals must have occurred more than ten days apart to be counted as separate referrals.



Objective: Reduce recurrence of maltreatment

Measured by: Children who are re-abused

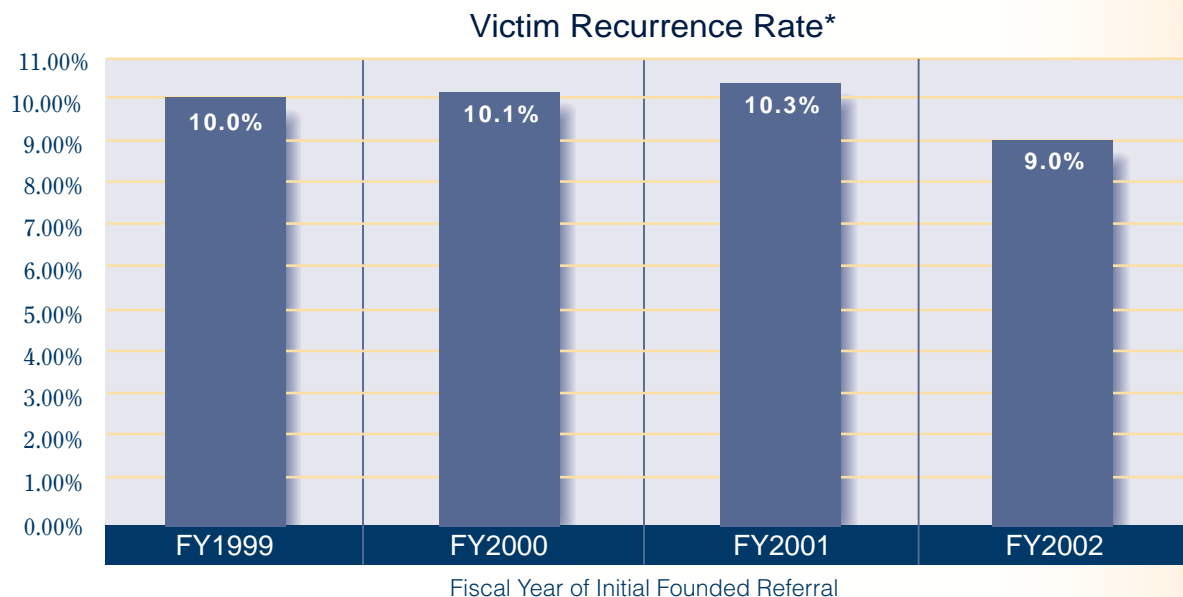
Children for whom there has been a finding of abuse or neglect within six months of a previous finding of abuse or neglect are considered victims of re-abuse.

Those families who are the subjects of multiple founded referrals in which children are re-abused receive increased scrutiny and monitoring by the administration.

Re-abuse indicates that despite efforts to support a given family in the provision of a safe and secure environment, that family is unable for any number of reasons to assure the safety of the child or children involved.

The victim recurrence rate is tracked based on the fiscal year of the initial founded referral, therefore this measure reflects fiscal year 2002 data.

While there were nominal increases in the recurrence rate in the three years preceding this report, there was a notable decrease in the recurrence rate for Fiscal Year 2002.



* The proportion of children with a founded referral of abuse that have a subsequent founded referral within six months of the initial referral. "Founded" means that an investigation concluded that the event was more likely than not to have occurred. For referrals with multiple allegations, the referral is considered "founded" if any of the allegations are founded.

Safety

Objective: Reduce recurrence of maltreatment

Measured by: Children's cases staffed with community Child Protection Teams

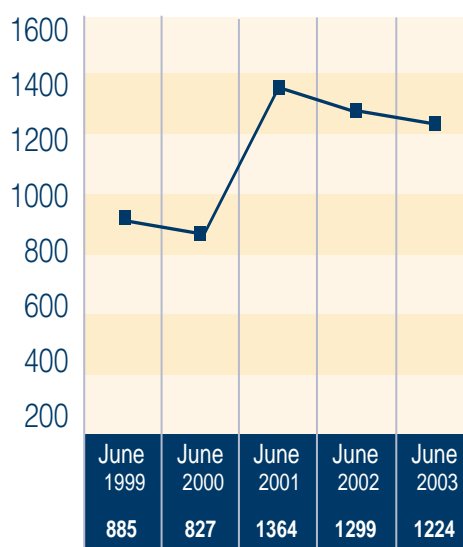
The Children's Administration engages the expertise of community professionals to participate in decision-making regarding effective child protection in accordance with mandates specified in Executive Order (EO) 95-04.

EO 95-04 requires that Community Protection Teams (CPTs) be used on behalf of children for whom specific criteria are evident, those criteria include:

- Moderately high and high risk cases involving children age six or younger,
- Cases where serious professional disagreement exists about risk of serious injury,
- All moderate or high-risk cases prior to return home or dismissal of dependency of a child age six or younger,
- Cases opened on the basis of imminent harm, or
- Any complex case which may benefit from such consultation.

Community Protection Teams are widely used within each region. Each team consists of a minimum of four professionals each of whom is committed to the cause of child welfare but is not employed by the Children's Administration. CPT team members may include, but are not limited to: law enforcement officers, physicians, mental health and substance abuse professionals, and other mandated reporters of child abuse and neglect.

Number of Children's Cases Staffed with Community Child Protection Teams*



* Handcount of the number of children's cases staffed with community Child Protective Teams during the previous quarter.

Objective: Improve safety when returning children to their homes

Measured by: Children who are placed in out-of-home care due to abuse or neglect, returned home, and who must be placed again

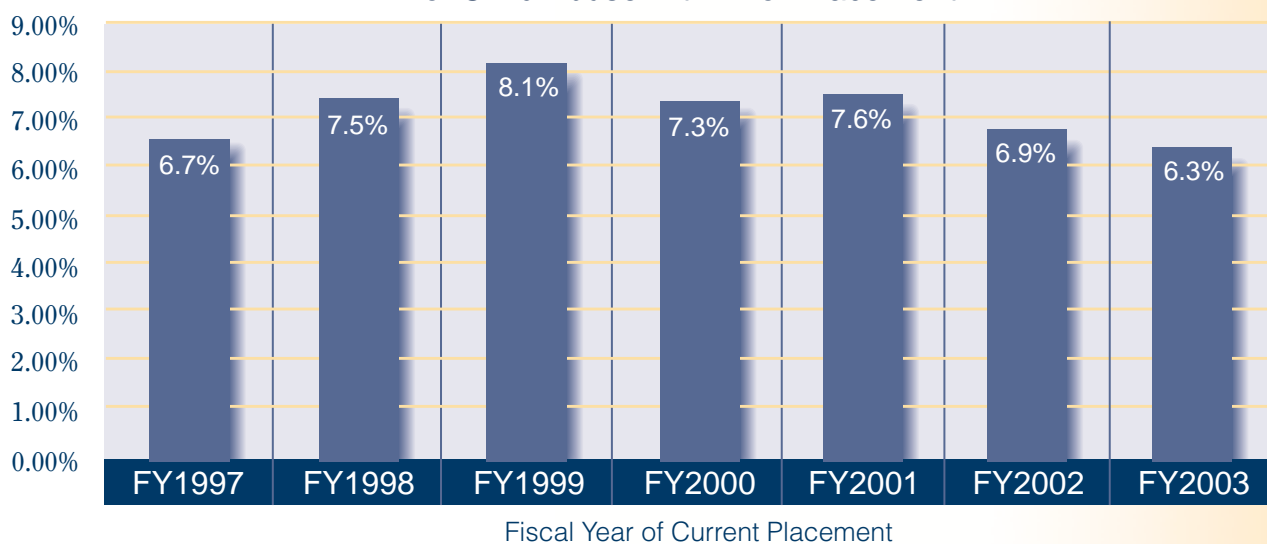
Families who have had a child removed from their home due to findings of abuse or neglect must have an adequate safety assessment, planning and support in place when and if that child is to be returned home.

The Children's Administration has worked diligently to address factors which may contribute to the re-abuse of children and subsequent re-placement into out-of-home care following their reunification with families.

In the past two fiscal year periods, the rate of CPS re-entry into out-of-home care has remained relatively stable; however, the administration continues to implement practices designed to reduce re-abuse and re-entry.

Currently the administration conducts a formal assessment to determine whether reunification is in the best interest of a specific child. All children returning home do so with a transition and safety plan in place. Children whom the administration believes are particularly vulnerable receive additional monitoring visits by a DCFS Social Worker or other qualified professional within the first 120 days following their return home.

Percent of Children in Placement for Reasons of Child Abuse with Prior Placement*



* Percent of children placed for abuse and neglect, returned home, and re-entered placement within 12 months of exiting their previous placement. Both placements must have lasted for more than three days in order to exclude 72-hour emergency placements due to temporary incapacitation of the parents.

Safety



- In February 2003, DLR/CPS and information technology personnel completed the Investigative Assessment module for DLR/CPS referrals.
- In compliance with the Kids Come First Action Agenda, DLR/CPS investigators complete safety assessments on all children living in a licensed foster home or child care home including: adopted and guardianship children. When safety concerns arise, DLR/CPS works with the family to develop a safety plan for the entire family.
- DLR/CPS and the Quality Assurance team created a peer review tool to review compliance with practice standards. In FY03, the tool was piloted in two of six regions. Each region will undergo a peer review every six months.

Objective: Increase safety for children placed in out-of-home care

Measured by: Children who are abused or neglected in licensed care

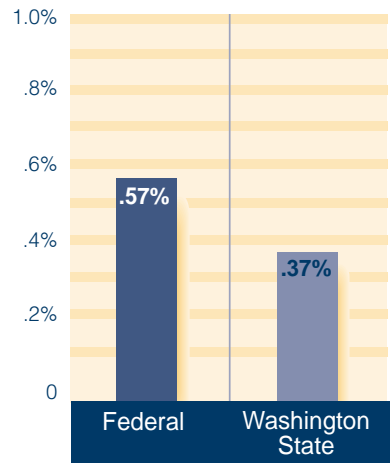
The Children's Administration is committed to making every effort to ensure that children who come into state licensed care as the result of abuse or neglect at the hands of their caregivers are protected from further harm in out-of-home placement.

In Calendar Year 2002, more than 6,200 foster homes were available to provide necessary care and support to children who could not remain in the care of their own families. In those 6,284 homes there were 890 allegations of abuse or neglect representing allegations in approximately 14 percent of licensed foster homes.

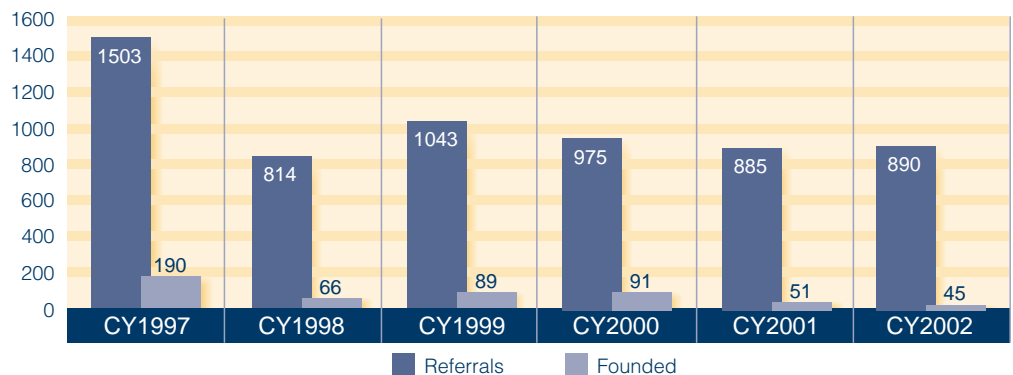
Those referrals that were "founded", meaning that the allegation of abuse or neglect was more likely than not to have occurred represented less than 1 percent of licensed foster homes, or a total of 45 founded allegations.

Substantiated allegations of child abuse or neglect in licensed care has decreased by nearly 76 percent since tracking of this measure began in 1997.

Percent of Children Abused or Neglected While in Out-of-Home Placement



Allegations of Abuse or Neglect of Children in Licensed Care*



* Handcount of the number of referrals to DLR Child Abuse and Neglect Section and the number, upon investigation, which were found more likely than not to have occurred.

Safety

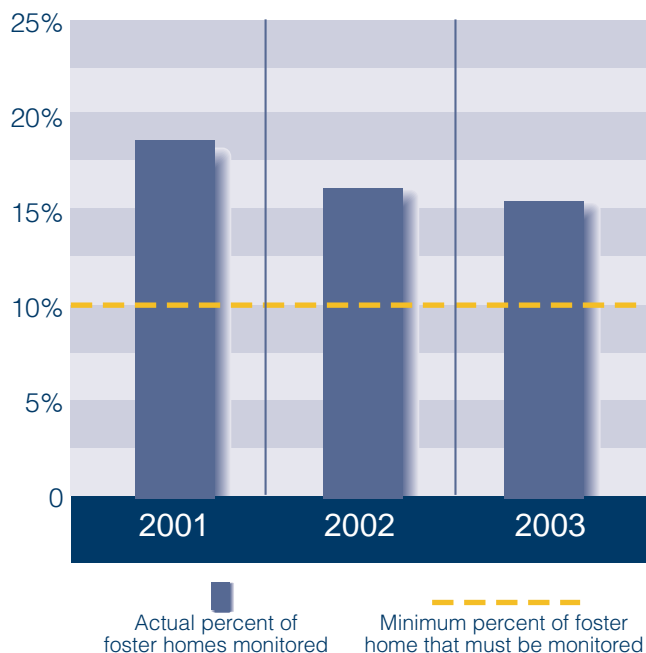
Objective: Increase safety for children placed in out-of-home care

Measured by: Foster homes receiving an annual health and safety check

Washington State strives to assure that children who must be removed from their homes due to abuse or neglect have safe and stable out-of-home placements.

RCW 74.13.260 requires that site visits be conducted in at least 10 percent of licensed family foster homes. In FY03 the administration performed random monitoring visits in 15.6% of licensed family foster homes, exceeding the legal mandate.

Number of DLR Foster Homes Monitored Each Month in FY 2003*



* Total percentage of DLR licensed foster homes with a health and safety check completed by the Division of Licensed Resources annually.

Safety

Child Fatality Review Process

A child's death invariably impacts not only the family of which he or she was a part, but entire communities are devastated when a child dies unexpectedly. When any child's death is the result of actions which may have been prevented, the grief and outrage are all the more profound and all the more lasting.

Washington state is committed to identifying ways of reducing unexpected child fatalities regardless of whether those deaths occur as the result of suicide, accidental injury, third party causes or abuse or neglect related causes. Toward that end Washington State employs a thorough retrospective process through Child Fatality Reviews.

The Children's Administration (CA) participates in this process both in collaboration with the Washington State Department of Health (DOH) and through an internal review process.

Since 1998 CA and DOH have worked cooperatively in the development and implementation of a single, statewide child fatality review system. The reviews are conducted by community-based teams facilitated by local health jurisdictions. Children's Administration maintains staff representation on each community team. All unexpected child deaths in the state are reviewed with the ultimate goal of developing preventative measures by looking at aggregate data from which factors and trends may be determined. DOH publishes child fatality review findings based upon aggregate data annually.

The Children's Administration also conducts separate internal child fatality reviews when any of the following criteria is met with reference to the death of a child.

- The child's family had an open case with CA at the time of death.
- The child's family received any services from CA within the twelve months preceding the death, even a referral for services that did not result in an open case.
- The death occurred in a home or facility licensed to care for children.

Child fatality reviews are not investigations into the manner or cause of death. Such investigations are conducted by law enforcement entities, medical examiners and coroners. Some cases may be reviewed both internally and by community Child Fatality Review teams.

Data collected since 1997 and depicted in the chart on this page reflects all child deaths meeting CA internal review process criteria. This data will vary from the Washington State Department of Health (DOH) aggregate data.

Child Deaths Meeting Children's Administration Child Fatality Review Criteria

***Based upon child deaths reported to the Children's Administration;
not all child deaths are reported to the administration.***

Children's Administration Statewide Child Fatality Data ¹	1997	1998	1999	2000	2001	2002
Total number of child fatalities meeting the criteria for internal child fatality reviews	103	79	68	72	108	101
■ Manner of death - Homicide (abuse)	6	9	4	8	3	7
■ Manner of death - Homicide (3rd party ²)	10	5	5	2	8	5
■ Manner of death - Suicide	5	2	2	5	5	3
■ Manner of death - Natural/Medical	45	39	33	33	61	47
■ Manner of death - Accidental	36	20	20	21	26	32
■ Manner of death - Unknown/Undetermined ³	1	4	4	3	5	7

The criteria established by DOH for reviewing child deaths and collecting, tracking and reporting aggregate data differs significantly from that of the Children's Administration.

Due to the many agencies involved in reviewing a child fatality such as coroners and medical examiners, CA does not always receive child fatality data within a specific time frame and annualized data tends to change over time.

Improvements made in 2001 to the Case and Management Information System (CAMIS) have assisted the administration in tracking child fatalities.

The purpose of CA's internal child fatality review process is to conduct a thorough examination of the handling of a case to determine if agency policies, procedures and practices were properly followed. In addition, the review looks generally at policies, procedures and practices to determine if improvements to the Children's Administration system might help to prevent the death of a child in the future.

The administration is striving to better understand how fatalities occur to children who have been referred to or received services from the Children's Administration in an effort to make any needed policy, procedural or practice improvements. The Children's Administration also tracks any reported child fatalities that occur as the result of child abuse or neglect to children who are unknown to the administration or who do not meet the criteria for an internal child fatality review.

Child Deaths Deemed Homicide (Abuse)⁴

***Based upon child deaths reported to the Children's Administration;
not all child deaths are reported to the administration.***

At the time of child's death ¹	1997	1998	1999	2000	2001	2002
Child known to CA and met criteria for CA child fatality review	6	9	4	8	3	7
Child unknown to CA or did not meet criteria for CA review	6	3	4	5	2	7
Total	12	12	8	13	5	14

The Children's Administration has recently developed a new data collection system designed to better track child fatality cases reported to the administration. This new system, called the Administrative Incidents Reporting System (AIRS), incorporates an improved child fatality review tool. AIRS allows the administration to track trends in issues and recommendations made during the internal review process.

1. Data included in the tables presented is based upon reports as of November, 2003 and may change as new reports become available.

2. Third party abuse involves the abuse of a child by someone other than that child's parent or guardian

3. The manner of death was unknown or undetermined by coroners or medical examiners at the time reports were filed with the Children's Administration.

4. Children's Administration divides homicide into two distinct categories; abuse and third party. The table above shows homicide (abuse) indicating that the homicide was found to have been committed by a person in the role of parent or caregiver at the time of the child's death.